

HOUSEHOLD HAZARDOUS WASTE GRANT APPLICATION INDIANA HOUSEHOLD HAZARDOUS WASTE GRANT PROGRAMS

State Form 51899 (8-04) Indiana Department of Environmental Management

Office of Pollution Prevention and Technical Assistance

HHW GRANT PROGRAM 402 West Washington Street, W041 P.O. Box 7095 Indianapolis, IN 46207-7095

Internet: http://www.in.gov/idem/oppta/recycling/grants/

INSTRUCTIONS: Pre-applications are required. For assistance call your regional grant representative at the Office of Pollution Prevention and Technical Assistance, Source Reduction and Recycling Branch (800-988-7901). Please print or type.

SECTION 1		APF	PLICANT	INFORMATION			
Program admin	istrator (contact person)						
☐ Mr.	☐ Ms.			Phon	9:		
<u> </u>	Title:			Fa	C:		
Official name of agency or organization:			E-Ma	l:			
Federal ID				County (ies):		
	Address:			, ,	,		
	City:			ZIP Code +	1:		
SECTION 2	,	Р	ROJEC	Γ SUMMARY			
						Please shade area served or attach map showing area to be served.	
SECTION 3			GF	ANT DATA			
Target	number of households:			Target populati	on:		
If school, tar	get number of students:			Tons of material to be diverted through proje	ct:		
SECTION 4	Total project cost:	\$	TYPE	Funds request	ed: \$		
(Check the app	ropriate box)						
☐ Joint applica	ation; attach participant lis	st	☐ So	id Waste Management District			
☐ School (K-1	2)		☐ University				
			☐ Non-profit				
☐ City			☐ Tov	vn			
SECTION 5		SOLID WAST	E MANA	GEMENT DISTRICTS ONLY			
	SWMD 12/31 cash balance:	\ \cdot\					
SECTION 6			-1, Part	e as reported on State Board of Accounts, 1, Column F, Solid Waste Management Fund. IGNATURE			
I certify that sub to sign the appl		n has been duly auth	orized b	y the governing body of the entity and that I am	legally a	authorized by the governing body	
Signature of ap			P	inted name		Date (month, day, year)	
			1			•	

SECTION 7	PROPOSED E	BUDGET		
	Grant	Cash	la Kin d	Total
Personnel	Request	Match	In-Kind	Total
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Project/Equipment Costs				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	<u>, </u>			•
Operating/Program Costs				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
		•		
Contractor/Professional Fees				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Education/Promotion Costs	1	1		
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	φ.		mn totals in boxes bel	
	\$	\$	\$	\$

SE	СТІОІ	N 8	APPLICATION QUESTIONS
1)	Pro	gram	Description
	a)	Des	cribe the proposed project and partners involved.
	b)	Des	cribe the goals and objectives of the program.
		i)	Is this application for a new HHW program?
		ii)	What materials will be collected through the program?
		iii)	How much waste do you expect this program to divert from improper disposal?
			(1) Justify diversion projections in terms of increased participation and collection, etc.
			(2) Explain any assumptions made in your calculations.
		iv)	What area and population will the program serve?
		v)	Provide participation estimates, and explain assumptions made in the calculations.
	c)	Is th	nis application for an expanded HHW program?
		i)	What materials are currently being collected through the program?
		ii)	What new materials will be collected as a result of the expansion?
	d)	Plea	ase provide the location(s) of facility or events, operating hours and collection schedule.
	e)	Den	nonstrate the benefits of waste diversion specific to your area (safety, benefits to ground water and wastewater treatment facilities, etc.).
		i)	Explain how project achieves decreased toxicity or increased benefit to the environment.
	f)	Pro	vide anticipated project plan timeline (e.g., activity occurs months 1-3, months 4-6, months 7-9, etc.).
	g)		vide locations (addresses) of grant funded equipment already owned by your organization, recycling drop-off sites, and household hazardous
		was	te collection sites or facilities in your area, plus hours of operation.
2)			anagement
	a)		will this project divert waste from improper disposal? (For HHW projects, the focus should be on the proper disposal of HHW and increased icipation.)
	b)	Pro	vide material flow plan (e.g., amount and types of materials collected, processed and final end disposal).
		i)	Indicate which tasks program staff will perform and which the contractor will perform.
		ii)	Where will the materials be stored?
			(1) Does storage meet building and fire code standards?
		iii)	How will materials be collected?
		iv)	How will materials be packaged for shipping?
		v)	Is the HHW packaged for shipping by program staff or the contractor?
		vi)	What, if any, materials will be offered for reuse?
			(1) How will they be evaluated?
			(2) Who will have access to the reusable materials?
	c)	Pro	vide the company name, address, phone and contact person for your contractor(s).
		i)	Please provide IDEM with your contractor's current disposal/recycling price list.
	d)	Wha	at is the method of final disposal used for each material collected: incineration, treatment, or recycling?
		i)	How will you ensure materials are recycled or properly disposed?
	e)	Plea	ase attach safety plan and plan for employee training.

3)	Edu	Education Plan				
	a)	a) Describe your education plan.				
		i) Describe the goals of your education and/or promotion plan.				
		ii) What will be the education and promotion content or message?				
		iii) Describe project's source reduction component. This is very important for HHW projects. Please describe your educational activities to reduce the need for HHW disposal.				
		iv) Estimate the public/school education impact numbers.				
		v) Describe type of education methods employed.				
		vi) Describe media used and how the target audience will be informed about proper participation.				
4)	Project Sustainability					
	a)	Explain all budget page line items (grant requests, cash, and in-kind matching columns). Quotes and spec sheets are required for all purchases. If you are proposing to purchase or trade-in used equipment, three appraisals of the equipment must be submitted.				
	b)	Summary of personnel investment to include number of hours and a detailed work plan (new and current resources).				
	c)	Sustained funding plan for continuation of the program after the end of the grant term.				
		i) Identify sources of revenue, such as user fees, tax revenue, tipping fee revenue, etc.				
	d)	Commitment letters demonstrating both initial and ongoing material and monetary resources pledged.				
		i) Upper management support letters (e.g., board, mayor, council, resolution required by IC 13-20-20, etc.).				
	e)	Information on maintenance plan and replacement equipment capital fund, if requesting equipment funding. Failure to provide documentation of a replacement equipment capital fund by the end of the grant term will result in the forfeiture of grant funds.				
	f)	Description of cost and program efficiencies realized by project implementation (e.g., savings in manpower, fuel, disposal, contractor and transportation cost, etc.)				
	g)	Explain your plan for evaluating the proposed program. Your plan should include the following:				
		i) Evaluation of the process of the program (how the work is performed).				
		ii) Evaluation of the outcome of the program (the end result, what goals were met).				
		iii) Evaluation of the effectiveness of the equipment, if funding is requested for an equipment purchase.				
		iv) Criteria for measuring the outcome and determining the success of the program.				
		(1) Describe any questionnaires or statistical tests to be used in the evaluation.				
		v) Evaluation reports that will be produced include progress reports and final reports required for grant purposes.				
		vi) Designation of person responsible for performing the evaluation.				